

EXAMPLE – PROCEDURAL SEDATION – PRE PROCEDURE

Insert logo and LHD/hospital name here

Insert name of tool

Preferred Language	Interpreter Booked
	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>

Surname:		MRN:
Given Name(s):		Male <input type="checkbox"/> Female <input type="checkbox"/>
D.O.B:		M.O:
Address:		
Location/ward:		

Affix label here

Procedure:	
Date / Location	
Indication for procedure	

Fasting Status	Date	Time
Solids:		
Fluids:		

Consent completed	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Weight		Height		BMI	
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Flags for Increased Sedation Risk	Yes/No	Allergies / Adverse Events / Medications	Yes/No
PRESENCE of any of these flags may indicate need for referral to anaesthetic department. Local policies should be developed for detailed agreed definitions.		Allergies:	
Previous anaesthesia/sedation complication including family history			
Previous failed sedation			
Sleep apnoea/severe snoring		Adverse drug reactions / Drug sensitivities	
Unstable heart disease			
Alcohol >50 g/day			
Morbid obesity BMI>35		Medications:	Last taken
Limited functional reserve (see below)			
Increased Oxygen requirement at rest			
Frail elderly			
Poorly controlled oesophageal reflux			
Other flags as agreed locally (e.g. IV drug use)			

Comments:

Patient's ASA Score	
ASA Score – Physical Status	
ASA 1 – A normal healthy patient	
ASA 2 – A patient with mild systemic disease	
ASA 3 – A patient with severe systemic disease	
ASA 4 – A patient with severe systemic disease that is a constant threat to life	
ASA 5 – A patient who is not expected to survive	

Functional Reserve	
Can the patient walk up a set of stairs without becoming short of breath?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Physical Examination-flags for increased risk of adverse events as agreed locally	
Airway flags (e.g. obese, bearded, reduced mouth opening, neck mobility)	YES <input type="checkbox"/> NO <input type="checkbox"/>
Cardiovascular flags	YES <input type="checkbox"/> NO <input type="checkbox"/>
Intended sedation - Conscious Sedation - Discussed with patient	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Does this patient meet locally agreed criteria for referral to the Anaesthetic Department – if yes, DO NOT PROCEED.	YES <input type="checkbox"/> NO <input type="checkbox"/>

Do they have someone to escort them home?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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Form completed by (name and position):		Signature:	
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